## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number.

090904371

| CLAIMS AS FILED - PART<br>(Column 1)           |  |   |                                     |                         | (Column 2)                   |                             |          | SMALL ENTITY TYPE  |                         |       | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|-------------------------------------|-------------------------|------------------------------|-----------------------------|----------|--------------------|-------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS                                   |  |   | CO                                  |                         |                              |                             | Г        | RATE               | FEE                     |       | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                        |                         | NUMBER EXTRA                 |                             | В        | ASIC FEE           | 355.00                  | OR    | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 40 minus 20=                        |                         | . 20                         |                             |          | X\$ 9=             |                         | OR    | X\$18=                     | 360                    |
| INDEPENDENT CLAIMS                             |  |   | // minus 3 =                        |                         | . /                          |                             |          | X40=               |                         | OR    | X80=                       | SO                     |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              | ESENT                               |                         |                              |                             |          | +135=              |                         | OR    | +270=                      |                        |
| * If   | the difference                                       | less than ze                              | ss than zero, enter "0" in c        |                         |                              | ι.                          | TOTAL    |                    | OR                      | TOTAL | 1150                       |                        |
| CLAIMS AS AMENDED - PART II                    |  |   |                                     |                         |                              |                             |          |                    |                         |       | OTHER THAN                 |                        |
|  | ,  | (Column 1)                                |                                     | (Column 2<br>HIGHËST    |                              | (Column 3)                  |          | SMALL ENTITY       |                         | OR    | SMALL                      |                        |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVI    | IBER<br>OUSLY                | PRESENT<br>EXTRA            |          | RATE               | ADDI-<br>TIONAL<br>FEE  |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                               | **                      |                              | =                           |          | X\$ 9=             |                         | OR    | X\$18=                     |                        |
|  | Independent  | *   | Minus ***                           |                         | T CL A184                    | =                           |          | X40=               |                         | OR    | X80=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                                     |                         |                              |                             |          | +135=              |                         | OR    | +270=                      |                        |
|  |  |   |                                     |                         |                              |                             |          | TOTAL<br>DDIT. FEE |                         | OR    | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                                     | (Colu                   | mn 2)                        | (Column 3)                  | Λ.       | JUII. 1 LL         |                         |       | 7100111122                 |                        |
| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI            | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA            |          | RATE               | ADDI-<br>TIONAL<br>FEE_ |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                               | **                      |                              | =                           | $\prod$  | X\$ 9=             |                         | OR    | X\$18=                     |                        |
|  | Independent  | •   | Minus                               | ***                     |                              | =                           |          | X40=               |                         | OR    | X80=                       |                        |
| L  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF                         | PENDEN                  | CLAIM                        |                             | ╏        | +135=              |                         | OR    | +270=                      |                        |
|  |  |   |                                     |                         |                              |                             | <b>L</b> | TOTAL<br>ODIT. FEE |                         | OR    | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                                     | (Colu                   | mn 2)                        | (Column 3)                  |          | JUIT. 1 LL .       |                         |       | ADDIT: TEL                 |                        |
| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI            | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA            |          | RATE               | ADDI-<br>TIONAL<br>FEE  |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                               | ••                      |                              | =                           | lΓ       | X\$ 9=             |                         | OR    | X\$18=                     |                        |
|  | Independent  |   | Minus                               | ***                     | T OL 4114                    | =                           | 盯        | X40=               |                         | OR    | X80=                       |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= |   |                                     |                         |                              |                             |          |                    | OR                      | +270= |                            |                        |
|  | If the entry in colu<br>If the "Highest Nu           | mn 1 is less than t<br>mber Previously P  | he entry in cotu<br>aid For" IN THI | ımn 2, writ<br>IS SPACE | e "0" in co<br>is less tha   | lumn 3.<br>n 20. enter "20. |          | TOTAL              |                         | OR    | TOTAL<br>ADDIT. FEE        |                        |
| •••  | If the "Highest Nu                                   | Imber Previously F<br>ober Previously Pa  | aid For" IN TH                      | IS SPACE                | is less tha                  | ın 3, enter "3."            | ~-       | ODIT. FEE          | propriate box           | •     |                            |                        |